

Form CPF 18A: Report of Independent Expenditure Promoting Election or Defeat of Candidate(s)

Office of Campaign and Political Finance Office of Campaign and Political Finance One Ashburton Place Boston, MA 02108 (617) 727-8352. (Must be filed within 7 business days of expenditure(s) in excess of \$100.00 in aggregate) Date of Report: Massachusetts Nurses Association Expenditure(s) Made By: (Name of individual or group making expenditure) 340 Turnpike St City/Town Street Address 3. Name of Candidate(s) For Whom the Above Expenditure(s) Election or Defeat Promoted: 4. Expenditure(s): Amount Purpose Address To Whom Paid Date Paid 00,44 Worcester 01604 I hereby certify the expenditures noted are independent expenditures, as defined by M.G.L. c.55, section 18A:

(1) the individual(s) or group who made the expenditure(s) described herein did not solicit or receive any contributions in

contemplation of such expenditure(s); and

(2) the individual(s) or group who made the expenditure(s) described herein did not cooperate, consult or act in concert with or at the request or suggestion of any candidate, or political committee organized on behalf of any candidate, or any agent of a candidate or any political committee in making such expenditure(s).

I further certify that all statements made herein are true and accurate.

Signed under the penalties of perjury:

Katrina Anderson Director, Legislation and Government Affairs

Print Name of Individual Signer and Title (if signing on behalf of a group)

CAMPAIGH & POLITICAL